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ABSTRACT

The paper describes the Parent-Child Enrichment Program, a series of seven in-school training sessions for parents of severely multiply impaired children. Small, informal group formats are used to provide training in the following areas: sensory stimulation, modes of communication, exercises in the home, mealtime and fashion, and parents' needs and concerns. A study of the program's effects on changing attitudes involved 12 mothers of children 3-6 years old. Analysis of pre- and post-scores in an attitude survey revealed a statistically significant change in the group of mothers' attitudes toward the handicapped as a result of the Parent-Child Enrichment Program, while there was no statistically significant change in their perception of their children as a result of the program. Possible reasons for the findings are considered, and recommendations for parent training programs are offered. (CL)

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# CHILD ENRICHMENT PROGRAM: CHANGING ATTITUDES OF PARENTS OF SEVERELY HANDICAPPED CHILDREN

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## DESCRIPTION

The Parent-Child Enrichment Program is a series of seven in-school setting training sessions for parents who have a severely multiply impaired child. The major goals of the program are to increase the skill level of the parents in working with their severely multiply impaired child and to improve the attitude of the parents toward their exceptional child.

There are three assumptions of the Parent-Child Enrichment Program. These are: 1) Initial school experiences are more beneficial to the child's future if activities are coordinated between school and home, 2) Parents with appropriate resources can be one of the child's most effective teachers, 3) Parents meeting together for training sessions find they are not alone in their special problems. Loneliness, isolation, frustration will subside due to a sense of comradery among parents.

The Parent-Child Enrichment Program is designed for a small group of parents. The small group approach is designed to insure effective feedback to the staff professional from the parent and vice-versa. School staff is used for training so close, direct, positive interaction between staff and parent occur. The sessions are informal. Parents are encouraged to ask spontaneous

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questions. This informal atmosphere encourages parents to feel free to talk amongst themselves and with school staff.

The Parent-Child Enrichment Program is comprised of one session for introducing the staff and the series of training sessions. Six training sessions followed the introductory session. These sessions included training in the following areas:

1) Sensory Stimulation I
2) Sensory Stimulation II
3) Various Modes of Communication
4) Simple Exercises in the Home
5) Improving Mealtime and Fashion: Fashion vs. Comfort
6) Parents' Needs and Concerns

(See Table I for details of these sessions.)

The multidisciplinary team used for training sessions consists of a teacher, occupational therapist, school social worker, nurse, physical therapist, and a speech and language therapist.

## EFFECTIVENESS OF PROGRAM ON CHANGING ATTITUDES

### METHOD

#### Subjects

Twelve female parents with a severely multiply impaired child between the ages of three and six years were subjects. The children were all enrolled in the same school and from the same class.

TABLE I: PARENT-CHILD ENRICHMENT PROGRAM: DESCRIPTION OF SESSIONS

| SESSION 1<br>INTRODUCTION | SESSION 2<br>SENSORY STIMULATION I | SESSION 3<br>SENSORY STIMULATION II | SESSION 4<br>VARIOUS MODES OF COMMUNICATION |
|---|---|---|---|
| 1) Parents meeting parents<br>2) Parents meeting staff<br>3) Outline of training by staff<br>4) Parents introduce their child to others | Activities for Sensory stimulation outline and demonstrated from school curriculum | Activities to be done at home:<br>1) Massaging for relaxation<br>2) Auditory sensory stimulation for increasing language developing<br>3) Rocking | 1) Alternative means:<br>a) Picture cards<br>b) American sign language<br>c) Bliss Symbols<br>2) Language Games |
| SESSION 5<br>SIMPLE EXERCISES IN THE HOME | SESSION 6<br>IMPROVING MEALTIME AND FASHION: | SESSION 7<br>PARENTS NEEDS AND CONCERNS | |
| 1) Specific exercises demonstrated and completed by parents to:<br>a) increase mobility<br>b) avoid contractures<br>c) increase bonding<br>2) Home-made equipment explained and demonstrated | Fashion Vs. Comfort:<br>1) pre-feeding skills to regain normal sensitivity in their children<br>2) Buying appropriate clothes<br>3) altering clothes for easy use and comfort | 1) Special insurance programs<br>2) Resources of school and community<br>3) Social assistance programs<br>4) Medical and dental personnel for severely multiply impaired children | |

Procedure

All parents were given an attitude survey designed for this study prior to the initiation of the seven training sessions of the Parent-Child Enrichment Program as described above. The sessions were performed in the children's classroom. The children of all twelve parents were present. A post test was given to the parents at the end of the final training session.

The attitude survey was designed to measure changes in attitude along two variables: the attitude of the parent toward the handicapped population; and the perception of the parent toward their exceptional child.

RESULTS

There was a statistically significant change in the group of parents' attitudes toward the handicapped as a result of the Parent-Child Enrichment Program ($t = 4.42$). There was no statistically significant change in the group of parents' perception of their children as a result of the training program, ($t = .92$)

DISCUSSION

Changes in general attitude toward the handicapped population occur primarily because with increased knowledge and skills, parents feel more confident in their own abilities. This increased confidence translates into more positive attitudes, at least toward the general population of handicapped persons.

The lack of improvement of the parents' perceptions toward their own exceptional child is somewhat surprising since change in perception toward all handicapped populations occurred. This is most likely due to the emotional intimacy of the parents to their children.

Perceptions parents possess toward their children may not be able to be changed after only six weeks of training. Bonding starts to take place immediately after a child's birth, even when an exceptional child is born. This training program has taken place three to six years after the parents' relationship, including their perceptions have been established.

Even though statistical data did not establish a significant difference, there were some observed changes the parents made during the course of the Parent-Child Enrichment Program. For example, one parent whose child was five years old and was severely multiply impaired, would sit across the classroom from her child during the first two sessions. During the succeeding sessions this mother would sit closer to her child, and by the last session the child was sitting in his mother's lap. This mother, previous to the program, shunned invitations to visit her child during school hours to observe him during his educational programming. She is now coming over of her own initiative.

Another reason for no change in attitude may be the inappropriateness of having the parents complete the post-test at the end of the training program. It may take awhile for the parents

to assimilate and adapt the information to their individual needs. There may have been a statistical significant difference between the pre-test and the post-test of the second variable if the post-test had been completed by the parent two to three weeks after the last session had been presented.

RECOMMENDATIONS

1) Training programs for parents ideally should be begun within the first year of the birth of a severely multiply impaired child.
2) Parent training programs should occur throughout the educational program of a severely multiply impaired child.
3) Increase factual knowledge approaches to in-service training to change attitudes rather than directly attempting to change attitudes of parents toward handicapped populations.
4) Further research is warranted in helping the parents to develop a positive perception of their severely multiply handicapped child.